

Health Technology Clinical Committee

Date: May 17, 2013

Time: 8:00 am – 5:00 pm

Location: SeaTac Airport Conference Center

Adopted: September 20, 2013

Meeting materials and transcript are available on the HTA website at:

http://hta.hca.wa.gov/past_materials.html

HTCC MINUTES

Members Present: C. Craig Blackmore MD, MPH; Marie-Annette Brown PhD, RN; Joann Elmore, MD MPH; Carson E. Odegard DC, MPH; Richard C. Phillips MD, MS, MPH; Seth Schwartz MD, MPH; Michael Souter MB, Ch-B, DA, Christopher Standaert, MD; Kevin Walsh MD

Members Absent: David McCulloch, MD; Michelle Simon PhD, ND

HTCC FORMAL ACTION

1. **Call to Order:** Dr. Blackmore, Chair, called the meeting to order. Sufficient members were present to constitute a quorum.
2. **March 22, 2012, Meeting Minutes:** Chair referred members to the draft minutes; motion to approve and second, and adopted by the committee.
Action: Nine committee members approved the March 22, 2012 meeting minutes. Two members were absent.
3. **Hyperbaric Oxygen Treatment for Tissue Damage Including Wound Care and Treatment of Central Nervous System Conditions Draft Findings & Decision:** Chair referred members to the draft findings and decision and called for further discussion or objection.
3. Hyperbaric Oxygen Treatment for Tissue Damage Including Wound Care and Treatment of Central Nervous System Conditions Draft Findings & Decision was approved and adopted by the committee.
Action: Nine committee members approved the Hyperbaric Oxygen Treatment for Tissue Damage Including Wound Care and Treatment of Central Nervous System Conditions Draft Findings & Decision document. Two members were absent.
4. **Cervical Spinal Fusion Draft Findings & Decision:** Chair referred members to the draft findings and decision and called for further discussion or objection.
Cervical Spinal Fusion Draft Findings & Decision was approved and adopted by the committee.
Action: Nine committee members approved the Cervical Spinal Fusion Findings & Decision document. Two members were absent. Cochlear Implants: Bilateral versus Unilateral

Final

Scheduled and Open Public Comments:

The Chair called for public comments. Four individuals had scheduled time for public comments:

- Douglas Backous, MD, Swedish Medical Center
- Stacy Watson, MS, CCC-A, Swedish Medical Group
- John K Niparko, MD Chair, American Cochlear Implant Alliance, Tiber Albert Professor Chair, Otolaryngology-Head & Neck Surgery, University of Southern California
- Kathy Sie, MD, Seattle Children’s Hospital

Presentation materials and conflict of interest forms are available with [May 17 meeting materials](#). No open public comments were presented.

Agency Utilization and Outcomes:

Kerilyn Nobuhara MD, MHA, Senior Medical Consultant, Health Care Authority, presented the state agency utilization rates for Cochlear Implants: Bilateral versus Unilateral to the committee. The full presentation is published with [May 17 meeting materials](#).

Vendor Report and HTCC Q & A:

The Chair introduced the clinical expert, Jay Rubinstein, MD, PhD, Virginia Merrill Bloedel Professor and Director, Virginia Merrill Bloedel Hearing Research Center, University of Washington

Teresa Rogstad, MPH of Hayes, Inc, presented the evidence review addressing Cochlear Implants. The full presentation is published with [May 17 meeting materials](#).

Committee Discussion and Decision:

The HTCC reviewed and considered the Cochlear Implants technology assessment report and information provided by the state agencies. They also heard comments from the evidence reviewer, the clinical expert, the public, and agency medical directors. The committee considered all the evidence and gave greatest weight to the evidence it determined, based on objective factors, to be the most valid and reliable.

HTCC Committee Coverage Determination Vote			
	Not Covered	Covered Unconditionally	Covered Under Certain Conditions
Cochlear Implants: Bilateral versus Unilateral	0	0	9

- Discussion: The Chair called for discussion of conditions of coverage for Cochlear Implants following the majority voting for coverage under certain conditions. The following conditions were discussed and approved by a majority of the clinical committee:
- Limitations of Coverage:
 - Bilateral Cochlear Implants are a covered benefit for patients:
 - Twelve months or older;
 - With bilateral, severe to profound sensorineural hearing loss;

- Limited or no benefit from hearing aids;
- Cognitive ability and willingness to participate in an extensive auditory rehabilitation program
- Freedom from middle ear infection, an accessible cochlear lumen that is structurally suited to implantation, and freedom from lesions in the auditory nerve and acoustic areas of the central nervous system;
- No other contraindications for surgery;
- Device used in accordance with the FDA approved labeling.

Non-covered Indications: None.

The committee checked for availability of a Medicare decision. The Centers for Medicare & Medicaid Services (CMS) cover Cochlear Implants for the treatment of bilateral pre- or postlinguistic, sensorineural, moderate-to-profound hearing loss in individuals who demonstrate limited benefit from amplification. For conditions addressed by the CMS National Coverage Determination and the HTA review, the HTCC findings agree with the CMS policy.

Chair directed HTA staff to prepare a draft coverage determination document for the topic.

5. Catheter Ablation Procedures for Supraventricular Tachyarrhythmia (SVTA):

Scheduled and Open Public Comments: The Chair called for public comments. Two individuals scheduled time for public comments.

- Jeanne Poole, MD, Director, Electrophysiology Division of Cardiology, University of Washington
- Gerhard H. Muelheims, MD, FACC (Did not appear before the committee.)

One individual accompanied Dr Poole and provided open comments:

- Mohan Viswanathan, MD, University of Washington

Presentation materials and conflict of interest forms are available with [May 17 meeting materials](#).

Agency Utilization and Outcomes:

G. Steven Hammond, PhD, MD, MHA, Medical Director, Department of Corrections, presented the state agency utilization rates for Catheter Ablation Procedures for SVTA to the committee. The full presentation is published with [May 17 meeting materials](#).

Vendor Report and HTCC Q & A:

The Chair introduced the clinical expert, Ramakota Reddy, MD, Electrophysiologist, Oregon Cardiology.

Robin Hashimoto, PhD, of Spectrum Research, Inc., presented the evidence review addressing Catheter Ablation Procedures for SVTA. The full presentation is published with [May 17 meeting materials](#).

Committee Discussion and Decision

The HTCC reviewed and considered the Catheter Ablation Procedures for SVTA technology assessment report and information provided by the state agencies. They also heard comments from the evidence reviewer, the clinical expert, the public, and agency medical directors. The committee considered all the

evidence and gave greatest weight to the evidence it determined, based on objective factors, to be the most valid and reliable.

HTCC Committee Coverage Determination Vote			
	Not Covered	Covered Unconditionally	Covered Under Certain Conditions
Catheter Ablation Procedures for SVTA	0	0	9

- *Discussion:* The Chair called for discussion of conditions of coverage for Catheter Ablation Procedures for SVTA following the majority voting for coverage under certain conditions. The following conditions were discussed and approved by a majority of the clinical committee:

- *Limitations of Coverage:*

For adults with supraventricular tachyarrhythmias, cardiac catheter ablation procedures (radiofrequency or cryoablation) are **covered with conditions**:

- Reentrant tachycardias (e.g. WPW AVRT AVNRT)
- Atrial flutter
- Symptomatic atrial flutter
- Atrial fibrillation
- Symptomatic atrial fibrillation
- Drug therapy is either not tolerated or ineffective

Catheter Ablation Procedures for SVTA is **not a covered benefit** for other non-reentrant supraventricular tachycardias.

The committee checked for availability of a Medicare coverage decision. There is no national coverage determination (NCD) for catheter ablation procedures for supraventricular tachyarrhythmia.

The Chair directed HTA staff to prepare a draft coverage determination document for the topic.

The Chair called for further comments. No further comments on review of Catheter Ablation Procedures for SVTA.

6. Meeting adjourned.